CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

- -	GUX CODE 2. PERSON REPRESE	2. PERSON REPRESENTED Lee, Yong Hee			VOUCHER NUMBER	BER		
۶. آخ	3. MAG. DKT/DEF. NUMBER	4. DIST. DKT/DEF. NUMBER 1:06-000082-001		S. APPEALS DKT/DEF. NUMBER		6. OTHER DKT. NUMBER	NUMBER	
7. II	7. IN CASE/MATTER OF (Case Name) U.S. v. Lee	8. PAYMENT CATEGORY Felony	9. TYPE P Adul	9. TYPE PERSON REPRESENTED Adult Defendant		10. REPRESENTATION TYPE (See Instructions) Criminal Case	ATION TYPE	
≓ ¯	11. OFFENSE(S) CHARGED (Cire U.S. Code 1) 18 1028A.F FRAUD WITH	GED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. FRAUD WITH IDENTIFICATION DOCUMENTS	offense, lkt (up to fi OCUMENTS	ive) major offenses cl	targed, according to sew	orthy of offense.		
5 424	12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILLING ADDRESS ARRIOLA, JOAQUIN C. 259 MARTYR ST #201 P.O. BOX X	ot Name, including any suffix)	13. COUR EX O App EX P Sub EX P Sub Frior Attorn	13. COURT ORDER S O Appointing Counse F Subs For Federal Defender P Subs For Panel Attorney Prior Attorney's Name:	320	C Co-Coursel R Subs For Retalned Attorney Y Shardby Counsel	иопеу	
ן" "	HAGAINA GU 96932 Telephone Number: (671) 477-9730		M 3 8 8	Appointment Date: because the above-amoed pe whe satisfied this court that es not wish to walve counsel es not wish to walve counsel	Appointment Date: Because the above-aumed person represented has testified under suth or has otherwise satisfied this court that he or size (I) is financially unable to employ cour. (2) dees not wish to waite court that he or size (I) despise the interest of finally as require, and wish to waite coursus, and otherwise of finally as require, and the state of the stat	tified under eath or ly unable to employ or in of jostica so requi	reath or has employ counsel and generating the	
14. 22. T. S. E.	14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) ARRIOLA COWAN AND ARRIOLA 259 MARTYR ST SUITE 201 HAGATNA GU 96910	AW FIRM (only provide per instract) JOLA		iorney whose same appears in I Other (See Instructions) VIRGINIA T. K. Signature of Presidue, Judicia 05/12/2008 Date of Order Separament or partial repayment into of appointment.	Under (See Justraction) Other (See Justraction) VIRGINIA T. KILCORE, Deput ty Clerk Signature of Fresidus, Judicial Officer or By Oddrofe the Centr 05/12/2008 Nume Pro Tone Date Repayment or presented for this service at time of appointment. Numer Pro Tone Date	ulty Crey the Court Nume Pro Tune Da	In this case, K K K K K K K K K K K K K K K K K K	
			HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW	
15	a. Arralgnment and/or Plea							
	b. Ball and Detention Hearings							
	d. Trial							
, _U	e. Sentencing Hearings							
o p	f. Revocation Hearings							
L								
	h. Other (Specify on additional sheets)	eets)						
;	(Rate per hour = \$100.00)) TOTALS:						
	b. Obtaining and reviewing records							
- 04	c. Legal research and brief writing	P						
- U0	d. Travel time	()						
2 L+	(Rate per hour = \$100 000)	(Specify of additional species)						
2	Travel Expenses (lodging, parkir	, meak, milea						
<u>∞</u>		(other than expert, transcripts, etc.)	:					
19.	19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM	EE FOR THE PERIOD OF SERV 3		10. APPOHNTMENT IF OTHER THA	20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION	
22.	22. CLAIM STATUS Float Payment Inserting Payment Number Supplemental Payment Supplemental Sup	☐ Intertra Payment Number cossion and/or reminiburament for the covering is manyone effet, received paym fyes, give details on additional alteria. If the above statements.	h case?	: Suppemental F ES : NO anything or value) f	layment If yes, were yon paid? rom any other searce in	[]YES	ON O	
	Signature of Attorney:			Darke:				
ង	IN COURT COMP. 24. OUT OF C	24. OUT OF COURT COMP. 25. TRAV	TRAVEL EXPENSES	26. OTHE	OTHER EXPENSES	27. TOTALA	27. TOTAL AMT. APPR / CERT	
28.	SIGNATURE OF THE PRESIDING JUDICIAL OFFICER	ICIAL OFFICER		DATE		28a. JUDGE/	JUDGE / MAG. JUDGE CODE	
29.	INCOURT COMP. 30. OUT OF C	OUT OF COURT COMP. 31. TRAVI	31. TRAVEL EXPENSES	32. ОТНЕ	OTHER EXPENSES	33. TOTALA	TOTAL AMT. APPROVED	
34.	34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory directed amount.	T OF APPEALS (OR DELEGAT	E) Payment	DATE		34a. JUDGE CODE	ECODE	